

# Rural Health Newscast

State of California  
Gray Davis, *Governor*



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AUGUST 31, 1999

## State Rural Health Grant Programs Merge

**R**esponding to reduced grant funding, the California Rural Health Policy Council (CRHPC) held a public meeting on August 17 to hear comments on changes being considered.

After considering all aspects, the CRHPC merged its Rural Hospital Grants program into its Rural Health Services Small Grants program. The Office of Statewide Health Planning and Development (OSHPD), a member of the CRHPC, also combined its Health Professional Loan Repayment program with its Rural Health Development/Capital Grants program.

Very soon the CRHPC and OSHPD will issue a joint letter announcing applications for both of these newly combined programs. The two programs are separate and applicants may apply for

and receive funds from either or both of the programs.

The CRHPC applications will be due at least thirty days before the OSHPD applications. The CRHPC will review/approve the scoring criteria, keeping in mind rural hospital and other provider issues.

The consolidation of the four programs into two is consistent with the CRHPC Workplan; should ease requirements and workloads on rural applicants; and, reduce state costs of administering these programs.

## Great Valley Center Community Measurement Criteria

**T**he Center has completed a set of community measurement criteria indicators that should prove to be of great value in assessing a wide variety of changes throughout the passage of time.

Titled "The Great Central Valley of California" the report includes information on the area's job growth, unemployment, household incomes, new building activity, housing affordability, business formation, the number of corporate headquarters, poverty, education, transportation, water usage, utilities and waste disposal.

Copies of the full report may be requested from the Great Valley Center by fax at (209) 522-5116 or downloaded from their web site at [www.greatvalley.org](http://www.greatvalley.org).

## Governor Davis H&HS Appointments

**T**he Governor announced the appointments of Glen A. Rosselli as undersecretary, David G. Maxwell-Jolly as deputy secretary of program and fiscal affairs and Diane E. Van Maren as asso-

ciate secretary for policy and planning for the Health and Human Services Agency.

Mr. Rosselli is an economic and health care policy consultant. He served as director of the Medi-Cal Policy Institute of the California HealthCare Foundation where he developed and administered Medi-Cal and Medicare programs.

Mr. Maxwell-Jolly has been the principal consultant to the California Senate Appropriations Committee since 1986. He provided policy analysis and fiscal advice regarding health and welfare legislation.

Ms. Van Maren has served as the senior consultant with the California Senate Budget and Fiscal Review Committee since 1993.

## The Safety Net Preservation Act of 1999

**A** bill was introduced in Congress to preserve community health centers and rural health clinics across the U.S. Titled the *Safety Net Preservation Act of 1999* (HR2341; S1277), this bill would remedy a phase-out of the payment system (cost-based reimbursement) that covers the clinics' cost of caring for Medicaid patients. The phase-out would force clinics to use scarce federal grants intended to provide care for the uninsured to prop up Medicaid under-payments. The change could force health centers to lose as much as \$1.1 billion over the next five years, according to the National Association of Community Health Centers.

The *Safety Net Preservation Act of 1999* would establish a prospective payment system to ensure that health centers and clinics receive sufficient Medicaid funding. The bill would protect the federal investment in health centers while giving states the flexibility to design their own payment systems for health centers and clinics. Check the web site for this bill at: <http://www.senate.gov/search/>

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**Reminder!**

## Office of Rural Health Policy Grants for Outreach and Networks

Application deadlines are November 19, 1999 for Outreach Grants and December 3, 1999 for Network Grants. To be placed on the mailing list to receive an application kit, call toll-free at 1-888-333-4772.

### Rural Health Outreach Grants:

These grants are available to support the direct delivery of health care and related services, to expand existing services, or to enhance health service delivery through education, promotion and prevention programs. The emphasis is on the actual delivery of specific services rather than the development of organizational capabilities. Projects may be carried out by networks of the same types of providers (e.g. all hospitals) or more diversified networks. The Rural Health Outreach Program requires that individual entities in the networks submit a letter of commitment outlining the portion of the project they are responsible for and their agreement to participate in the project. Request Identifier Number: **93.912A**

### Rural Network Development Grants:

This program is designed for organizations that wish to establish vertically integrated systems of care in rural communities. A vertically integrated system of care will be capable of providing a comprehensive set of inpatient and outpatient services and will involve at least three separate health care providers, or other entities that provide or support the delivery of health care services, offering different sets of services or different levels of care (e.g. hospital, physician group, home health agency). The grants will support organizational development activities and services that may result from these activities. It is expected that these networks will be able to assume some degree of financial risk for their services at some point in their development and will be linked by shared clinical and administrative information systems. A

memorandum of agreement or other formal instrument must be signed by each member of the network. Request Identifier Number: **93.912b**.

Visit the ORHP web site at  
<http://www.nal.usda.gov/orhp/>

## Crime Victim Compensation under the California Victims of Crime Program

Under California law (Government Code sections 13959-13969.4), qualifying victims of crime may receive financial assistance for losses resulting from a crime when these losses cannot be reimbursed by other sources. The State Board of Control (Board), Victims of Crime Program (Program), administers California's Crime Victim Compensation Program.

The Victims of Crime Program is the "payer of last resort." If you have any other sources of reimbursement available for your crime-related losses, you must use these available sources before becoming eligible for payments from the Program. The total of all reimbursements to a victim cannot exceed the maximum Program benefit of \$46,000.

### Losses that may be covered:

*Medical/dental, mental health counseling, wage/income, financial support, funeral/burial, job retraining.*

### Losses that are not covered:

*Personal property (including cash), expenses related to the prosecution of an alleged perpetrator or compensation for "pain and suffering."*

### Who is eligible?

*A "victim" who was injured or died as a result of a crime, a "derivative victim" who was not directly injured or killed as a result of a crime.*

### Who is not eligible?

*Persons who commit the crime, persons who contribute to or take part in the events leading to the crime, persons who do not reasonably cooperate with law enforcement in the investigation and/or prosecution of known suspects, persons who do not cooperate with the staff of the Board and/or the Victim/Witness Assistance Center in the verification of the claim.*

There are other requirements to be met and other provisions and information about this program such as:

*where the crime was committed, who it must have been reported to, what type of crime is covered, filing deadline after crime occurred, filing assistance, emergency awards, verification and hearing on the application.*

For more information or to request a complete brochure, please call the Program toll-free at 1-800-777-9229 or the statewide Victims Resource Center toll-free at: 1-800-VICTIMS (842-8467).

## Networking for Rural Health RFA

Alpha Center is soliciting an RFA, *Networking for Rural Health*, from rural health care networks for one of two kinds of assistance: (1) a Network Assessment Site Visit to assist the network's leadership in profiling their organization's strengths, weaknesses, and technical assistance needs; or (2) a Targeted Consultation, providing financial support for consulting services needed to advance the network's substantive activities.

Answers to frequently asked questions are posted on Alpha Center's Web site at: [www.ac.org](http://www.ac.org)

### Contact:

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Alpha Center  
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Washington, D.C. 20036  
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Email: [rural@ac.org](mailto:rural@ac.org)

Deadline for receipt of applications is September 14, 1999 or February 15, 2000.

## Rural Health Policy Council Public Meetings - 1999

### October 6, Thurs., 9:00am - noon

Granlibakken, North Lake Tahoe

In partnership with the fall 1999 conference of the Regional Council of Rural Counties. Featuring educational presentations by 1) the California State Rural Health Association on the HMO Feasibility Study and 2) the Developing Rural Integrated Systems Project.

### December 2, Thurs., 2:00-5:00pm

Monterey (site TBA)

In partnership with the Annual Meeting of the California State Association of Counties and featuring an educational presentation by the County Medical Services Program.

## Clinic Program Funding - Fiscal Year (FY) 1999/00

Contributed by Sunni Burns, Chief, Primary Care and Rural Health Care Systems Branch, Department of Health Services

### ***Expanded Access to Primary Care (EAPC) Program***

For FY 1999/2000, the EAPC Program was funded at \$17.559 million. This is comprised of the following funds:

\$11.559 million: General Fund (\$6 million augmentation plus \$3.661 million "base" from FY 98/99) and \$6.000 million: Cigarette & Tobacco Products Surtax (C&TPS) Fund.

The Governor also indicated his willingness to sign subsequent legislation that would appropriate an additional \$1.653 million for the EAPC Program. Senate Bill 584 (Chesbro) is the vehicle for this additional funding, which would be appropriated from the C&TPS Fund.

Including the proposed \$1.653 million, the total EAPC Program appropriation is \$19.212 million, which is an increase of \$936,000, or 5.12 percent, over the FY 1998/99 funding of \$18.276 million.

Requests for Applications from continuing and new EAPC Program applicants were due at the Department of Health Services, Primary and Rural Health Care Systems Branch, on July 9, 1999 (postmarked date). PRHCS Branch EAPC Program staff are reviewing the incoming documents at this time, and anticipate making final awards in September 1999. For continuing providers, the PRHCS Branch will make preliminary awards in the amount of 50 percent of the provider's FY 1998/99 final award amount prior to the end of July 1999. These preliminary awards will only be available to providers that were participating in the EAPC Program in FY 1998/99 and that have submitted the documents required for continued participation. Additional information regarding the preliminary awards will be included in forthcoming correspondence from the PRHCS Branch.

### ***Indian Health (IH) Program; Seasonal Agricultural and Migratory Workers (SAMW) Health Program and Rural Health Services Development Program***

The Legislature had proposed the following increases to three of the clinic programs administered by the PRHCS Branch:

IH Program: \$4.0 million (FY 1998/99 = \$3.876); SAMW Health Program: \$4.5 million (FY 1998/99 = \$4.246); RHSD Program: \$2.5 million (FY 1998/99 = \$6.457). **NOTE: The \$4.5 million for the SAMW Health Program included \$1 million for a one-time only "Agricultural Freeze Program."**

The Governor reduced the \$11 million legislative augmentation by \$6 million, and directed DHS "...to allocate the remaining \$5,000,000 for the areas most in need, as determined by DHS, so that the 21 percent increase in total clinic funding can be used most effectively."

The DHS is in the process of determining how best to allocate the \$5 million augmentation among the three clinic programs. As soon as a final decision has been made, all clinics will be notified.



## California Children and Families First State Commission

### Eligibility for Services Funded Under the California Children and Families First Act 1998

**T**he State Commission has received a number of inquiries regarding the eligibility for services and programs funded under the California Children and Families First Act of 1998 ("The Act"). Consistent with the letter and intent of the Act, eligible children are children prenatal to five years of age, residing in California. Services and programs created and funded, in whole or in part, by revenue generated as a result of the Act, shall not be denied due to an eligible child's immigration status.

The Act contains no language restricting the availability of its services or programs. To the contrary, the Act's language is broad and speaks of "promoting, supporting, and improving the early development of children from the prenatal state to five years of age." All county commissions should ensure that services and programs are not restricted or denied based on the immigration status of eligible children. Upcoming meetings are scheduled for:

#### **Wednesday, September 15, 1999**

Technical Assistance Advisory Committee  
Santa Clara County (Time/Location TBD)

#### **Thursday, September 16, 1999**

State Commission  
Santa Clara County (Time/Location TBD)

#### **Thursday, October 21, 1999**

State Commission Meeting  
Santa Barbara (Time/Location TBD)

A new web site for the Commission is in the process of development as we go to print. The new Executive Director, Jane Henderson, Ph.D., will have an office number approximately August 31, 1999. In the meantime, Dr. Henderson can be reached at (310) 888-3523.

## California Commission on Improving Life Through Service

**I**n January 1994, the California Commission on Service was established via Executive Order and reauthorized in June 1998 to enable it to better leverage public/private funds to attack some of the state's most critical social problems. The Commission coordinates AmeriCorps\*USA, a federal national service program through a network of local area service partnerships, designed to address some of the state's most critical and persistent social epidemics. Local partnerships engage Americans of all ages, abilities, and backgrounds in getting things done throughout the nation's urban and rural communities. Healthcare is one of the four major funding areas of the Program. There will be approximately \$40 million in funding available for the 1999/2000 fiscal year. Funding is on a three-year cycle through a highly competitive process. Information regarding the 99/00 grant process was not available as the *Newscast* went to print.

For up-to-date information, visit their web site at <http://www.cilts.ca.gov> or call (916) 323-7646.

**1,000!**

## **Jobs Available Update**

**Total ads posted: 946****Positions Filled: 792****Current Listings: 154**

By Practice Setting:

- 52 - Clinics
- 45 - Hospitals
- 34 - Public Health
- 23 - Mental Health/Substance Abuse
- 0 - LTC/SNF

By Position:

- 94 - Patient Care
- 45 - Administrative
- 15 - Ancillary

By Region:

- 91 - Northern Counties
- 54 - Central Counties
- 9 - Southern Counties

## **County Medical Services Program Grants and Outreach**

The County Medical Services Program (CMSP) is a partnership between 34 rural counties and the state to provide medical and dental services to the medically indigent adult population. Providers of these services include hospitals, private physicians, clinics, and several providers who perform ancillary services.

CMSP issued a Request for Application for their \$3.75 million Hospital Retrofit Grant Program. The purpose of these grants is to provide funds to hospitals in the 34 CMSP counties to assist them in Year 2008 Hospital Retrofits for Nonstructural Bracing for Earth quake Safety com-

pliance, and to maintain acute care access in rural areas. The letter of intent was due August 23, 1999.

For further information, contact Tina Thomas at (916) 327-4842.

CMSP is conducting outreach to providers in those rural counties to educate and inform them about their program. The most recent outreach activities took place in Plumas County in the town of Graeagle on Wednesday, June 23rd.

The next outreach session is scheduled for Wednesday, September 22 in Butte County. Details of exact location and time to be determined.

For more information contact Tina Thomas at (916) 327-4842.



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*Dated Material Inside!*